

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                      |              |
|--|----------------------|--------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS</b><br><i>Application</i><br>Address to:<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 10/651,691   |
|  | Confirmation No.     | 9214         |
|  | Filing Date          | 08/29/2003   |
|  | First Named Inventor | Satoshi Hada |
|  | Art Unit             | 2171         |
| Title: Method and system for providing path-level access control for structured documents stored in a database.  |                      |              |

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 49049 →

*Type Customer Number here*

**OR**

|  |  |       |  |     |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name |  |       |  |     |
| Address  |  |       |  |     |
| Address  |  |       |  |     |
| City   |  | State |  | ZIP |
| Country  |  |       |  |     |
| Telephone  |  | Fax   |  |     |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

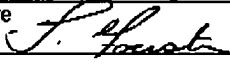
☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name: Ingrid Foerster, Reg. No.: 36,511

Signature 

Date 12/7/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Attorney Docket No: SVL920030055US1